

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Daviess

LCC: Local Coordinating Council for a Drug-free Daviess Co.

Date Due: June 30, 2014

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New Plan: X

Plan Update:



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Plan Summary

Mission Statement: The Daviess County LCC believes alcohol, tobacco, or drug abuse (ATOD) to be among the leading health and social problems in our nation today. ATODs negatively affect virtually every member of our society through their impact on crime, families, health, education, employment and economics. We believe an important step toward the eradication of ATOD is to address the problem through the combined efforts of citizens at the community level.

We, the Local Coordinating Council for a Drug-free Daviess County, support the coordination of a community-based comprehensive ATOD network to address the problems associated with these abuses and to promote a healthy life-style.

History: The Daviess County LCC has served as an active agency since the early 1990s. It has endeavored to maintain a broad representation of the community. Members of the clergy, school systems, law enforcement, treatment facilities, and interested citizens continue to serve on the Council. Its activity has grown from merely a funding agency to an active participant in substance abuse.

Daviess County is located in the southwest corner of Indiana. This is a rural area, consisting of farms and small communities. This is also a county which continues to address concerns as a fairly economically depressed area. Its county seat is Washington, which is located 100 miles southwest of Indianapolis, 60 miles southwest of Bloomington, 50 miles north of Evansville, and 18 miles east of Vincennes.

Daviess County was 98.1% white. As of 2012, estimates put the white population at 95%. Hispanics are 4.3% of the population. The population has a large number of Amish community members. For 2011, the average household income is estimated to be \$55,256. The estimated per capita income for Daviess County, IN is \$19,455. The estimated per capita income for All of US is \$27,858. Daviess County has the lowest unemployment rate in the state at 6.3%

Daviess County ranks 2nd in the state for the percentage of people with less than a 9th grade education. Currently, it is estimated that 5.1% of the population in Daviess County, IN has a Graduate or profession degree. 7.2% have a Bachelor's Degree. In comparison, for All of US, it is estimated that 10.5% of the population have a Graduate or profession degree and 18% had earned a Bachelor's Degree.

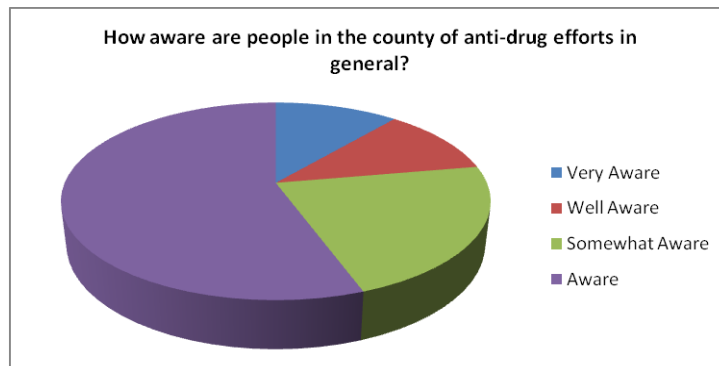
Besides farming, the primary industry in the area is a Perdue poultry plant, a grain processing plant, and agribusiness companies. The county's identity has long been associated with its large Amish community. The Amish lifestyle and traditions, restaurants, and shops have attracted a certain amount of tourism. There is a fairly sizable group of educated and professional citizens, but there is also a large population of low income people. Recently, there has been a rise in the number of Hispanic families*.

Summary of the Comprehensive Community Plan: The Daviess County LCC monitors its substance abuse related services and programs to evaluate their effectiveness and their responsiveness to the needs of the county residents. Agencies seeking LCC support are required to submit detailed grant applications outlining the purpose of their events or programs, how they will use their funds, and the numbers of people they will serve. Representatives of these agencies are also required to attend the monthly Council meetings and to present written and oral reports of their events/programs. The LCC often serves as an active participant in these events in order to support the efforts of the agencies and as a means to help promote awareness of the dangers of substance abuse.

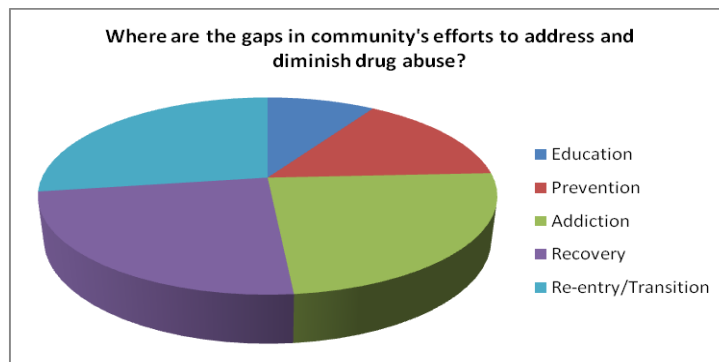
Problem statements were based on the gaps and needs found through the assessment. Assessment tools included the COPS Methamphetamine Initiative evaluation report 2010, the Epidemiological profile from the Strategic Prevention Framework (SPF)-State Incentive Grant (SIG) Southern Indiana Methamphetamine Alliance (SIMA) project 2011, Community survey conducted January 2010 added information about drug-related services, Daviess County Sheriff, prosecutor and probation information and prevalence statistics from the Indiana Prevention Resource Center.

A general community survey of key stakeholders has not been conducted by the coalition. Surveys specific to methamphetamine and county substance abuse services have been conducted by coalition partners. Relevant information is in the plan.

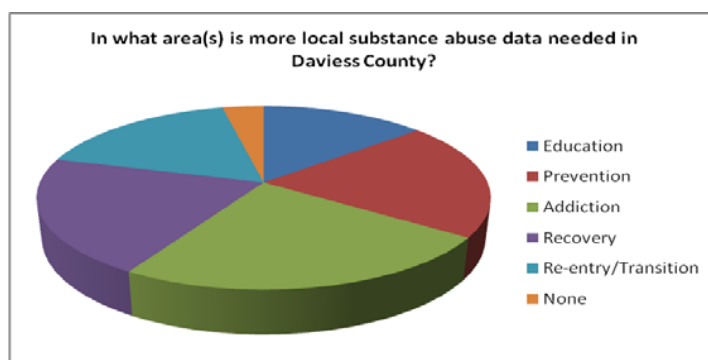
In January of 2010 a survey was distributed that was designed to gather information about drug-related services that currently exist in Daviess County. Members of the school systems, education, law enforcement, government, community service, recovery and treatment provided input for the survey. Most participants felt that their appropriate focus is education and prevention. Few survey-takers indicated that their programs offered an opportunity for addiction counseling and recovery or for re-entry and transition programs. When asked "On a scale of 1-5 with 1 being not aware and 5 being very aware: "How aware are people in the county of anti-drug efforts in general?" The mode response was 3 - Aware. However the average of those responses was 2.25 - Somewhat Aware.



Other questions that are of interest to substance abuse prevention include "Where are the gaps on the community's effort to address and diminish drug abuse?" In the answers, addiction, recovery and re-entry were considered the largest gap.



In the survey, the question "In what area(s) is more local substance abuse data needed in Daviess County?" Addiction and recovery were considered the areas of most concern.



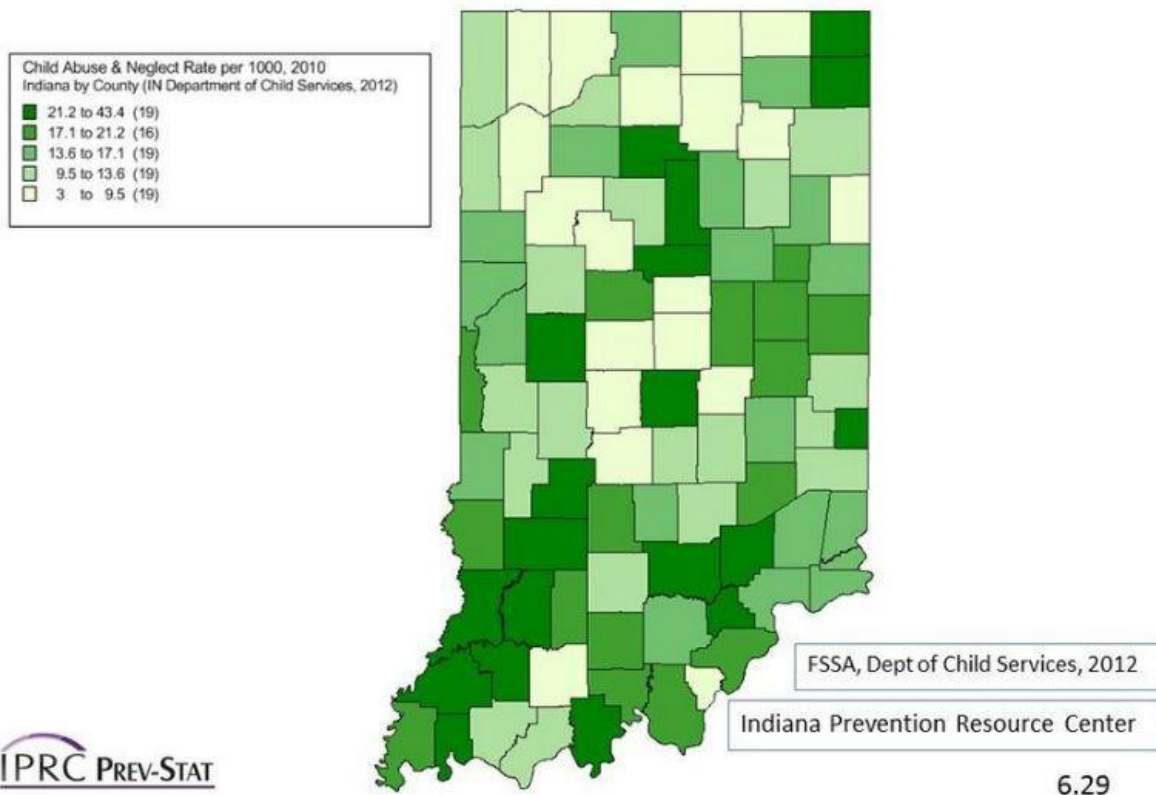
Community risk factors are taken into consideration as they relate to the substance abuse issues. For instance, the community risk factor of unemployment would not be a consideration as Daviess County has the lowest unemployment in the state. However, risk factors that are affected by Child Protective Service involvement and single parent heads of households in poverty may have significant relationships to the issues.

Family Risk Factors

“Children in Homes with No Parent Present” is considered a risk factor for substance abuse. Divorce rate is also a family risk factor. The divorce rate for Daviess County is 8.6% and is in the top 10% of the state ranking for divorce (81 of 92).

Children in Homes with No Parent Present	
Households with children (2011)	4,158
Percent of All HH s/ Children Where No Parent is Present	2.2%
RANK for No Parent Present	25 of 92

Child Abuse & Neglect Rate per 1000



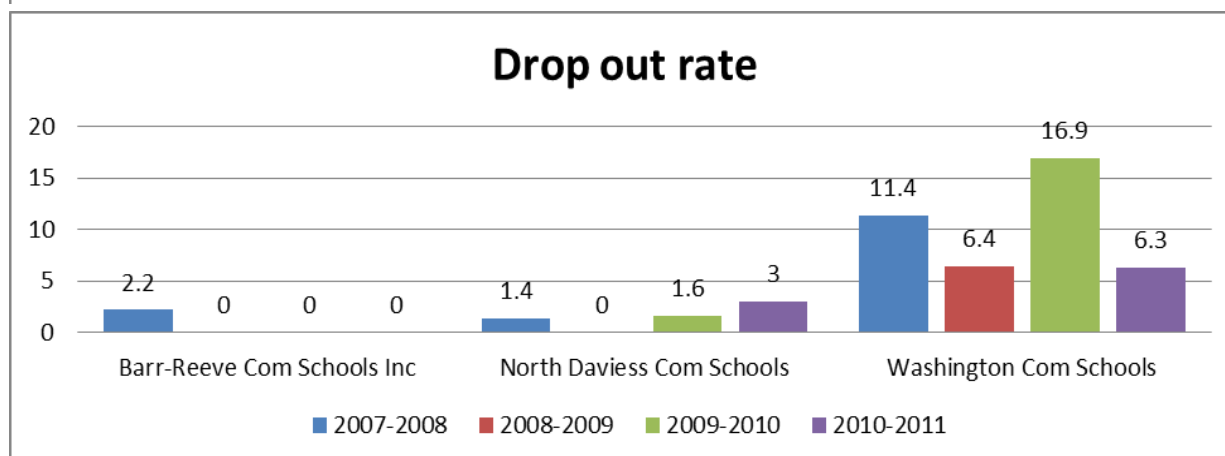
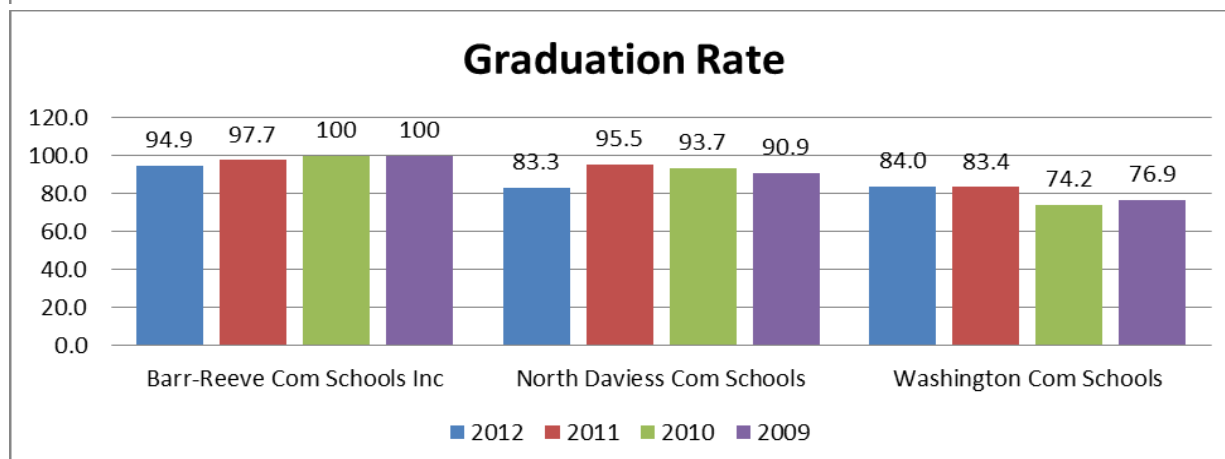
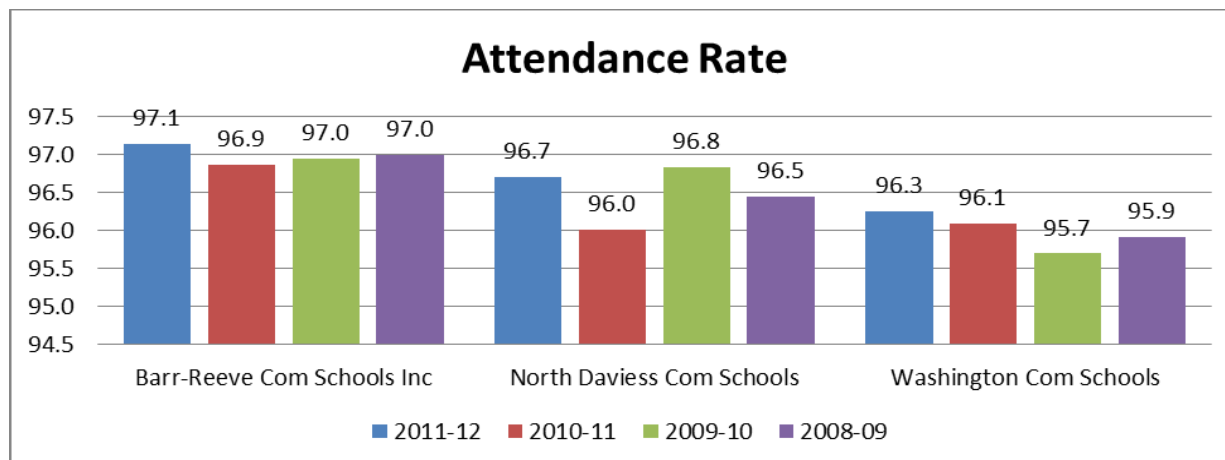
Extreme Economic & Social Deprivation

Extreme economic and social deprivation can be shown through a variety of sources. While Daviess County has the lowest unemployment rate in the state, it still has notable issues with poverty level programs. 45.5% of school students receive free/reduced lunch. The county ranks in the top third of the state for food stamp recipients.

Other risk factors considered when choosing the problem statements included laws and norms favorable to alcohol and drug use (Arrest data, Child Protective Services data (shown above), alcohol priority score) and availability of drugs (spending for alcohol, alcohol licenses, SAC inspections). By the

third quarter of 2011, there was only one of 47 inspections resulted in compliance failure of compliance. In 2011 the priority scores for marijuana, prescription drugs and drug arrests were all in the top 25% of the state.

In the school domain, lack of commitment to school is a risk factor. This can be shown through graduation, attendance and dropout rates as well as education levels. The state average is 13.2% for those adults without a high school diploma, while 24.7% of Daviess County residents do not have a high school diploma. (Educational Attainment (as % of pop age 25+) (AGS, 2011 est., 2012). Daviess County is ranked third in the state for less than a high school diploma. This contributes to the school risk factor of a low commitment to school because adults who do not perceive school as a priority influence youth to have a low commitment to school.



In considering data and statistics related to Daviess County, risk factors include family and peer/individual. Family risk factors to reflect on are family history of problem behavior, family management problems, family conflict and favorable attitudes and involvement in problem behavior. Peer and individual risk factors include early and persistent antisocial behavior, rebelliousness and favorable attitudes toward problem behaviors. In both cases, partnering agencies who facilitate RARE and Strengthening Families have seen a relationship between these risk factors and the individuals they serve.

All prevalence data is maintained and accessed through the Indian Prevention Resource Center's Prev-Stat data base. Community protective factors such as programs already in place, schools, libraries and youth serving agencies are factored into the community issues, and the LCC pursues partnerships to help preserve the protective factors and build relationships.

Membership List

County LCC Name: Local Coordinating Council for a Drug-free Daviess Co.

	Name	Organization	Race	Gender	Category
1	Jennifer Stefancik	Purdue Extension	C	Female	Education
2	Jane Ann Beard	Purdue Extension	C	Female	Education
4	Jill Cecil	SAFS	C	Female	Community
5	LeAnn Kelly	WHS	C	Female	Youth/Prevention
6	Barbara Knepp	WHS	C	Female	Youth/Prevention
7	Jeff Doyle	Barr-Reeve schools	C	Male	Education
8	Susan Fiscus	ND Elementary	C	Female	Education
9	Trent McWilliams	Washington Police Dept.	C	Male	Law Enforcement
10	Kelly Miller	Griffith Elem	C	Female	Education
11	Bill Dougherty	DC Sheriff's Dept	C	Male	Law Enforcement
12	Jane Melvin	Samaritan Center	C	Female	Treatment
13	Dan Murrie	DC Prosecutor	C	Male	Judiciary
14	Paul White	Washington High School	C	Male	Education
15	Cindy Barber	Purdue Extension	C	Female	Education
16	Kim Fields	Barr Reeve	C	Female	Youth
17	Sally Petty	ITPC	C	Female	Treatment
18	Darin Hornaday	YMCA	C	Male	Youth
19	Mark Arnold	WJHS	C	Male	Education
20	Angela Doyle	Barr-Reeve Post Prom	C	Female	Education/Youth
21	Gary Allison	Daviess Co. Sheriff's Dept.	C	Male	Law Enforcement

Problem Identification

A. Problem Statement #1: Adults, in Daviess County, abuse alcohol, methamphetamine, marijuana and prescription drugs.

B. Supportive

Data:

Prevention Data

Statistically significant findings from the 2013 *Indiana Alcohol, Tobacco, and Other Drug Use* survey include:

- Students from Washington Community Schools reported prevalence rates higher than the state rates. In particular, students reported prevalence rates for methamphetamines, hallucinogens, and prescription drugs that were higher than the state rates.

Specifically...

- **Lifetime prevalence rates** were higher than the state rates for alcohol (8th), methamphetamines (10th), and prescription drugs (10th). However, lifetime prevalence rates were higher than state rates for cigarettes (12th), cigars (12th), and marijuana (12th).

To measure and compare the severity of substance abuse among Indiana counties, county-level consumption and consequence data for individual drug categories was considered, including alcohol, marijuana, cocaine and heroin, methamphetamine, and prescription drugs. Indiana counties were then ranked on the selected indicators,

The selection of substance abuse indicators was limited to the following datasets with identified county-level information:

- 2013 Treatment Episode Data Set (TEDS) (Indiana Family and Social Services Administration, 2014).
- 2011 Uniform Crime Reporting (UCR) Program (National Archive of Criminal Justice Data) Consortium for Political and Social Research, University of Michigan, 2011)
- 2012 Indiana Automated Reporting Information Exchange System (ARIES) (Indiana State Police, 2013),
- 2013 Methamphetamine Lab Statistics (Indiana State Police, 2014)
- 2012 INSPECT data (Indiana Board of Pharmacy, 2013)

Alcohol Indicators

Counties were assessed and ranked according to the following indicators for alcohol abuse:

- number and rate of alcohol-related crashes
- number and rate of arrests for driving under the influence (DUI)
- number and rate of arrests for public intoxication
- number and rate of arrests for liquor law violations
- number and rate of substance abuse treatment episodes with reported alcohol use

Marijuana Indicators

Priority scores for marijuana abuse for each county were based on the following six indicators for

marijuana abuse:

- number and rate of arrests for possession of marijuana.
- number and rate of arrests for sale/manufacture of marijuana.
- number and rate of substance abuse treatment episodes with reported marijuana use.

Methamphetamine (Meth) Indicators

Priority scores for methamphetamine abuse were based on the following eight indicators:

- number and rate of arrests for possession of synthetic drugs
- number and rate of arrests for sale/manufacture of synthetic drugs
- number and rate of substance abuse treatment episodes with reported meth use
- number and rate of clandestine meth lab seizures

Prescription Drug (Rx) Indicators

Prescription drug abuse refers to the nonmedical use of any prescription-type pharmaceutical, which includes opioids (pain relievers), CNS depressants (sedatives, hypnotics, and tranquilizers), and stimulants. Priority Scores for Rx abuse were based on the following indicators:

- number and rate of arrests for possession of “other drugs” (barbiturates and Benzedrine).
- number and rate of arrests for sale/manufacture of “other drugs” (barbiturates and Benzedrine)
- number and rate of treatment episodes with nonmedical prescription drug use reported
- number and rate of controlled substances dispensed in Indiana.

Following the methodology of the highest-need/highest-contributor model, priority scores for substance abuse were determined for each county.

1. The **alcohol** priority score for Daviess County dropped from 60 during 2011 to 40 during 2013. This puts the county out of the top 25% of the state for this particular substance.
2. The **methamphetamine** priority score dropped from 188 during 2011 to 175 during 2013, both years ranking Daviess County in the Top 10% of Indiana Counties for this substance abuse.
3. The **marijuana** priority score dropped from 117 during 2011 to 83 during 2013, both years ranking Daviess County in the Top 50% of Indiana Counties for this substance abuse.
4. The **prescription drug** abuse priority score dropped from 63 during 2011 down to 50 during 2013 taking Daviess County out of the Top 50% ranking of Indiana Counties for this substance abuse.
5. In 2013 there were 30 alcohol related collisions in Daviess County, up from 11 identified during 2012.

There were 15 alcohol related collisions in the year 2011. Daviess County ranked 6th in county proportions of Indiana alcohol-related collisions in 2010.

6. Meth lab seizures numbered 9 during 2013, per the Indiana State police.
7. According to the data available through the report of the SEOW Epidemiological Profile for Indiana **in 2013**, there were 177 substance abuse treatment episodes total for 2011 as provided in the 2013 SEOW report. This number is down from the previous year total of 188 treatment episodes.
8. The Daviess County Sheriff’s Department identified 55 drug related and 43 alcohol related arrests during 2013.
9. The Daviess County Probation Department identified 121 adults convicted of substance abuse offenses and placed on Probation during 2013.

10. The Washington Police Department had the following arrests during 2013:
- 57 – possession of marijuana (42 the previous year)
 - 28 – possession of methamphetamine (10 the previous year)
 - 55 – possession of a controlled substance, Schedule I thru IV (29 the previous year)
 - 77 – operating a vehicle while impaired, drugs or alcohol (67 the previous year)

End of Year 2 Update:

Final Update (end of Year 3):

Goals:

1. Lower the Alcohol, methamphetamine, marijuana and prescription drug Priority Scores as identified in the annual EPI Report.

End of Year 1 Annual Benchmarks:

End of Year 2 Annual Benchmarks:

Final Report (end of Year 3):

D. Objectives:

- 1) Support prevention and education initiatives by providing
 - a) Prevention and education programming opportunities that increases awareness of alcohol issues.
Including awareness information for:
 - i) parents and caregivers
 - ii) school personnel
 - iii) community key leaders
 - iv) county population in general
 - b) Awareness opportunities that highlight the problems and consequences for substance abuse. This includes but not limited to the costs of drunk driving and the damage to family relationships and

- economic security.
- c) Support for afterschool and in-school evidence based prevention initiatives.
- 2) Support intervention and treatment initiatives by providing
 - a) Opportunities for awareness and education about treatment options.
 - b) Funding that will allow for the support and increase of the availability of substance abuse treatment and intervention services, including
 - i) Staff training related to the assessment and need for treatment practices,
 - ii) Counseling support
 - iii) After care services.
- 3) Support judicial and law enforcement initiatives by providing:
 - a) Resources for programs through grant allocations that help reduce repeat offender rates for alcohol related sentences.
- 4) Support and fund programs that build adult life skills and directly address risk factors for alcohol abuse.
 - a) Resources for projects that reduce the number of crimes associated with alcohol abuse processed through the judicial system.
 - b) Support law enforcement through maintenance and refinement of equipment used to take into custody offenders who have alcohol as a primary or secondary reason for arrest.
 - c) Resources that will help decrease of the Alcohol priority score.
 - d) Partnerships that increase awareness of law enforcement and judicial activities.

End of Year 1 Update:

End of Year 2 Update:

End of Year 3 Update:

A. Problem Statement #2: Those under 18 (youth) abuse substances including, but not limited to, alcohol, tobacco, and marijuana.

B. Supportive Data:

1) Monthly use of various drugs of abuse among high school students in Daviess County: IPRC ATOD School Survey

2013 -grade			10				12	
		2012	Local	State		2012	Local	State
Cigarettes		20.2	13.1	12.6		23.9	7.3	19.5
Alcohol		29.0	22.8	24.7		37.5	21.8	34.9
Marijuana		16.9	3.6	13.7		12.5	9.1	17.6

	Red		Yellow		Yellow		Yellow
			Red		Yellow		
	Red						Red
	Red						
	Red				Yellow		
	Yellow		Red		Red		

2013			10				12	
			Local	State			Local	State
Inhalants			1.2	1.1			1.8	1.1
Prescription painkillers			4.8	4.3			3.6	5.7
Over the counter drugs			3.6	2.4			1.8	2.6

2012	9		10		11		12	
	Local	State	Local	State	Local	State	Local	State
Inhalants	.9	1.6	2.4	1.7	0	1.5	1.5	1.3
Prescription drugs	0	3.6	4.9	5.0	4.6	5.5	5.1	5.8
Over the counter drugs	3.7	2.9	3.3	3.2	1.1	3.0	2.1	2.9

- 3) Marijuana Use: In 2012 monthly use reported by 12th graders was 12.5%. **In 2013 the monthly use rate had decreased to 9.1%**
- 4) Prescription Pain Killers: 2013 IPRC data reports that 10th grade monthly use of prescription pain killers is 4.8%, down from 6.5% during the previous year, while the state average is 4.3%.
- 5) Tobacco use: In 2013, 10th grade tobacco use was higher for the county students than the state average, 13.1% compared to the state rate of 12.6 for 10th graders. Cigarette use among 12th grade students averages was significantly less than the state rate, 7.3% compared to 17.1%.
- 6) The *Indiana Survey* data measured perceived parental approval for the use of three gateway drugs with the following items: “How wrong do your parents feel it would be for you to... (a) smoke one or more packs of cigarettes per day; (b) smoke marijuana regularly, (c) have five or more drinks once or twice a week.” The Family Risk Factor of "Parental Attitudes Favorable towards Drug Use" showed that 74.5% of 12th grade students believed that their parents did not have favorable attitudes about drug use.

2013		8th		10th	12th
Low risk		82.5		71.2	74.5
High risk		17.5		28.8	25.5
2011	6th	8th	10th	12th	

Low risk	91.5	74.1	63.7	53.3
High risk	8.5	25.9	36.3	46.7
2012	6th	8th	10th	12th
Low risk	76.8	72.4	61.0	54.3
High risk	23.2	27.6	39.0	45.7

- 7) The 2013 survey shows a downward trend of 12th grade students for parental attitudes that favor antisocial behavior. Scores decreased from 59.8% (2012) to 74.5% in 2013. There is a shift in the right direction in changing community norms in all four grade levels

2013		8th	10th	12th
Low risk		70.8	74.3	74.5
High risk		29.2	25.7	25.5
2011	6th	8th	10th	12th
Low risk	75.5	55.6	57.6	53.6
High risk	24.5	44.5	42.4	46.4
2012	6th	8th	10th	12th
Low risk	65.9	58.0	57.4	59.8
High risk	34.1	42.0	42.6	40.2

- 8) In reference to the risk from the Peer-Individual Risk Factor group that shows "Interaction with Antisocial Peers", again a downward trend is noted when comparing 2012 and 2013 results..

2013		8th	10th	12th
Low risk		67.4	59.4	74.0
High risk		32.6	40.6	26.0
2011	6th	8th	10th	12th
Low risk	81.9	71.5	69.3	70.1
High risk	18.1	28.5	30.7	29.9

Note the significant change in in risk scores from high to low in 8th, 10th and 12th grade for 2013. This is moving in a positive direction.

2012	6th	8th	10th	12th
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Low risk	90.4	62.9	59.0	57.2
High risk	9.6	37.1	41.0	42.8

9) Treatment among youth and young adults differs from the adult population (note comparison on page) Treatment at public facilities among youth dropped in 2007 and has not recovered. Those between the ages of 18 and 24 sought treatment far more often than their younger counterparts. At the State level, treatment **in 2013** for prescription dependence was 3.1% for those under 18 and 10.8% for those 18-24.

Daviess County, 2013 compared to 2012 (data not broken down by age):

- Treatment for alcohol dependence was 47.3% of all treatment episodes, compared to 46.3% in 2012.
- Treatment for prescription drug abuse was 32.8% of all treatment episodes, compared to 31.4% in 2012.
- Treatment for methamphetamine abuse was 34.5% of all treatment episodes, compared to 31.9% in 2012.
- Treatment for marijuana abuse was 40.7% of all treatment episodes, compared to 46.8% in 2012.

10) Juvenile Probation received 38 youth referrals for drug/alcohol offenses during 2013. A total of 9 juveniles were placed on probation for substance abuse offenses.

11) The Washington Police Department processed 22 youth for alcohol or drug related issues during 2013, compared to 27 during the previous year. During 2013, a total of 8 youths were arrested for marijuana related charges and 8 youths were arrested for alcohol related charges.

End of Year 1

Update:

End of Year 2 Update:

Final Update (end of Year 3):

C. Goals:

- 1) Reduce 30 day use of alcohol, marijuana, tobacco, prescription pain killers and OTC medication among those less than 18 years of age.
- 2) Decrease the number of youth processed through the judicial system.

End of Year 1 Annual Benchmarks:

End of Year 2 Annual Benchmarks:

Final Report (end of Year 3):

D. Objectives:

- 1) Support prevention and education initiatives by providing
 - a) Opportunities to increase awareness of law enforcement and judicial activities.
 - i) Including but not limited to awareness of judicial consequences of use among youth, societal consequences of drug use.
 - b) Support prevention programming participation
 - i) by promoting healthy choices among youth
 - ii) by increasing opportunities for education and awareness
 - iii) by providing assistance to community advocates to promote after-school functions
 - iv) by supporting in-school clubs and school-wide prevention initiatives and after-school evidence based prevention programs that address peer and family risk factors.
 - c) Provide a percentage of user fines and fees to help sustain school based prevention programs like red ribbon week and post-prom. Funding is based on availability and is provided to assist in promoting healthy choices.
 - d) Increase activity with school officials to develop integrated curriculum in grades K-12 surrounding ATOD issues.
 - e) Support in-school evidence-based prevention programming. These projects may have many interventions which can include drug testing and drug dog use as long as they are a component of a larger prevention initiative.
 - f) Offer education and awareness to parents on substance abuse use among youth.
- 2) Support intervention and treatment initiatives by
 - a) Supporting opportunities for youth treatment programs
 - b) Supporting physicians with awareness information on the abuse of prescription drugs.
 - c) Supporting and funding programs that build youth life skills and directly address risk factors for substance use
 - d) Supporting individuals who help youth to seek treatment services for alcohol or drug related issues.
- 3) Support judicial and law enforcement initiatives by providing
 - a) Prevention and education programming for parents of those incarcerated that increases awareness of alcohol and drug issues.
 - b) Support for youth who have returned to the general population from incarceration.

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

Next Annual Update Due: June 2015

Next Comprehensive Community Plan Due: June 2018

Date of Community Consultant Review:

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

Initials: TC